

**DECLARATION FOR PATENT APPLICATION**☒ Original☐ Supplemental☐ Substitute☐ PCT

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A STORAGE DEVICE FOR EMERGENCY EQUIPMENT.

(Title of the Invention)

the specification of which (check one)

☒ is attached hereto☐ was filed on \_\_\_\_\_ as U. S. Application Serial Number or PCT

International Application Number \_\_\_\_\_

and was amended \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified, by checking the box below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Applications			Priority Claimed		Copy Attached	
Application Number	Country	Foreign Filing Date (MM/DD/YYYY)	YES	NO	YES	NO
03 04504	FRANCE	10/04/03	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below and claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Parent Application Number	Filing Date	Status (Mark Appropriate Column Below)		
		Patented	Pending	Abandoned
PCT/EP04/004262	April 5, 2004		X	

As a named inventor, I hereby revoke all prior powers and appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor Michel BARDEL

Inventor's signature 

Date

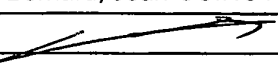
August 30, 2005

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Date

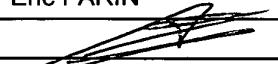
August 30, 2005

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Date

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Inventor's signature \_\_\_\_\_

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Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

Full name of fifth inventor \_\_\_\_\_

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_

Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_